U.S; Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 15096

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

[] / [] / [2004] Through: [12] / [31] / [2004]

3. Name and address of person filing.	Name, file number, and address of labor organization.				
Name Vernon Wells	Name Major League Baseball Players Assoc. Labor Organization File Number [064 727]				
P.O. Box, Bldg., Room No., if any Co Legacy Sports	P.O. Box, Building and Room Number; if any				
Street 500 Newport Center Dr. #800	Street 12 East 49th Street				
city Newport Beach state CA ZIP Code +4 92660	city New York				
State CA ZIP Code + 4 9 2 6 6 0	State NY ZIP Code +4 10017				
5. Position in labor organization. Player Representa	tive				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed	on 8 15/05 (817) 749-0047				
у -	Date Telephone Number				

Name of Person Filing Vernon Wells		File Number U -		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name Fleer Trading Cards Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 300 Street 1120 Route 73 City Mt. Laurel State NJ ZIP Code +4 08054	c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealin MLBPA Line 11.b. Approximate dollar value 12.a. Nature of interest held Autographs o	e of such dealing. 15,000		
	12.b. Amount.	12,120		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street:	14.a. Nature of payment.			
City	and			
State ZIP Code + 4	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	***************************************		

Name of Person Filing Vernon Well5	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	Wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Upper Deck	157.78 M. 251
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
street 5909 Sea Otter Place	c. Employer
city Carlsbad	
State CA ZIP Code + 4 9 2 0 0 8	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	MLBPA Licensee
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing. 4,061,574
State ZIP Code + 4	Autographs on baseball cards
	12,b. Amount, 14, 070
C. Received from any employer (other than an employer covered under	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment,
(including trade name, if any).	
Name	
Trade Name, if any:	
* * * * * * * * * * * * * * * * * * *	
P.O. Box, Bldg., Room No., if any	
1	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any Street	
P.O. Box, Bldg., Room No., if any Street City	14.b. Amount of payment.

Name of Person Filing Vernon Wells	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Donruss Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2300 E. Randol Mill Rd., City Anlington State TX ZIP Code + 4 7601	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City Stale ZIP Code + 4	MLBPA Licensee 11.b. Approximate dollar value of such dealing. 5,750,370! 12.a. Nature of interest held or income received. Autographs on baseball cards
C. Recolued from any employer (other than an employer covered under	12.b. Amount. 25, 000
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	r parts A and B above) or other thing of value. 14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling Vernon Well 6	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Topp5	S7)				
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
street [] Whitehall Street	c. Employer				
city New York					
State NY ZIP Code + 4 10004					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11,a. Nature of such dealing,				
Name	MLBPA Licensee				
Trade Name, if any:	And the second s				
P,O, Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing. 4,832, 269				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
·	12.b. Amount, 30,000				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name ,					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City :					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Vernon Wells FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT - ADDENDUM to PART B

In 2004, I received endorsement income from two (2) businesses that, insofar as I know, do not do business with the MLBPA, but that may do business with one or more Major League Baseball Clubs and / or Major League Baseball. I do not know whether any of these businesses have such extensive commercial dealings with the Clubs and / or with Major League Baseball that those commercial dealings represent a "substantial part" of their overall business operations. Accordingly, in a good faith effort to fully meet (and perhaps go beyond) my reporting obligation, I am stating below the amount of endorsement income I received from each of these businesses in 2004:

Name and address of Business	and address of Business Amount		
adidas 5055 N. Greeley Ave Portland, OR 97217	\$	10,000	
adidas 5055 N. Greeley Ave Portland, OR 97217	\$	3,333	(merchandise)
Rawlings PO Box 22000 St Louis, MO 63126	\$	5,500	